

# WEST END MONTESSORI SCHOOL, INC

## Enrollment Application

### PLEASE COMPLETE:

Applying for \_\_\_\_\_ Academic Year

Applying for: \_\_\_ Toddler \_\_\_ Primary \_\_\_ Elementary

### CHILD INFORMATION

Child's Full Name (*please print clearly*) \_\_\_\_\_ Nickname \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ Current Age \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Previous daycare or school attended \_\_\_\_\_ Siblings' Names and Ages \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Father/Guardian's Full Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Company/Profession \_\_\_\_\_

Street Address (if different from above) \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Mother/Guardian's Full Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Company/Profession \_\_\_\_\_

Street Address (if different from above) \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

### EMERGENCY INFORMATION

Allergies or intolerance to food, medication, etc., and emergency action \_\_\_\_\_ Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dietary preferences \_\_\_\_\_

1. Contact person if parent/guardian cannot be reached \_\_\_\_\_ Full Address \_\_\_\_\_ Phone \_\_\_\_\_

2. Contact person if parent/guardian cannot be reached \_\_\_\_\_ Full Address \_\_\_\_\_ Phone \_\_\_\_\_

Persons authorized to pick up child \_\_\_\_\_ Persons **not** authorized to pick up child \_\_\_\_\_

Is your child now or has your child received any of the following therapies:  Speech  Occupational  Social/emotional  Physical

Chronic physical conditions, pertinent developmental information and/or accommodations needed \_\_\_\_\_

If child attends this school and another school or program, give name of school or program \_\_\_\_\_

(Continued on back ⇨)

## AGREEMENTS

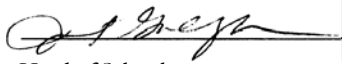
1. The child day center agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible, if so requested by the center.
2. The parent/guardian authorizes the child day center to obtain immediate medical care if any emergency occurs when he cannot be located immediately. \*
3. Field trip transportation, if needed, will be provided by another school family or teacher.
4. The parent/guardian gives permission for photographs to be taken of the child at work and play to be used for WEMS promotional/informational efforts such as yearbook, keepsake CD and website.

\* If there is an objection to seeking emergency medical care, a statement should be obtained from the parents or guardian that states their objections and the reason for their objection.

## SIGNATURES

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date



\_\_\_\_\_  
Head of School

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date Child Entered Care

\_\_\_\_\_  
Date Left Care

How did you hear about West End Montessori School?

Phone Book     Word of Mouth     Website

WEMS Parent (name) \_\_\_\_\_

Other (explain) \_\_\_\_\_

Please submit a \$50.00 non-refundable fee with this form payable to:

### WEST END MONTESSORI SCHOOL, INC.

9307 Quioccasin Rd.

Richmond, VA 23229

#### FOR OFFICE USE ONLY IDENTITY VERIFICATION

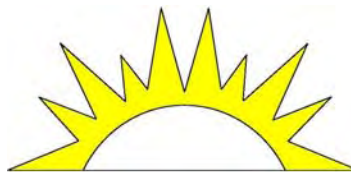
Date Application Received \_\_\_\_\_ Check Number \_\_\_\_\_ Date Entered \_\_\_\_\_ Letter Sent \_\_\_\_\_

Date of Parent Observation \_\_\_\_\_ Called for Child Visit \_\_\_\_\_ Child Visit Scheduled \_\_\_\_\_ Contract Sent \_\_\_\_\_

Birth Date \_\_\_\_\_ Date Issued \_\_\_\_\_ Place of Birth \_\_\_\_\_

Birth Certificate Number \_\_\_\_\_ Other Form of Proof \_\_\_\_\_

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency, record from a public school in Virginia, or certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school (i.e. after school program) or the center transfers responsibility of the child directly to the school (i.e. before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.



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9307 Quioccasin Rd. Richmond, VA 23229

(804)523-7536 • www.westendmontessori.com